

Consent for Telehealth Services

Telehealth or Telemental health is the practice of delivering clinical health care services to counseling clients using interactive video and/or audio communications.

The same laws that apply in face-to-face counseling also apply in telemental health. In other words, everything in the telemental health session remains confidential unless:

- The client/counselor learns of child, elder, or handicapped persons abuse.
- In the case of threatened homicide or suicide.
- Ordered by a judge or court to release records.

Telehealth services are provided for the convenience of our clients. Telehealth service is not required and is only used upon mutual agreement between provider and client. Telehealth services are subject to the following:

1. Telehealth services are not the same as an in-person visit, as you will not be in the same room as your provider. If your provider determines that telehealth is not adequate for a particular issue, the provider may choose to terminate and request an in-person session.
2. You have the right to withdraw consent at any time without affecting your right to future care or services.
3. Cornerstone Health Counseling will utilize technology that is HIPAA compliant as far as it is able. As the client, you have the responsibility to secure a confidential setting for yourself.
4. You understand that there may be risks, benefits and consequences associated with telemental health: disruption of transmission by technology failures, interruption, breaches of confidentiality by unauthorized persons and/or limited ability to respond to emergencies.
5. There will be no recording of any of the online sessions by either party. Written records will not be disclosed to anyone without written authorization unless required by law.
6. Services will be billed through our billing company like face-to-face visits. If for some reason your insurance company will not pay for telemental health services, you will be responsible for your bill. Before you are scheduled for a telemental health visit, please make these arrangements with our front desk at (907) 522-7080.
7. You understand that your therapist may need to contact your emergency contact and/or appropriate authorities in case of an emergency.

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Emergency Protocols

Your counselor needs to know your location in case of an emergency. You agree to inform us of where you are at the beginning of each session. We also need to know who we may contact on your behalf in case of a life-threatening emergency only.

My location is: _____

Emergency Contact Person

Name: _____ Phone Number: _____

Address: _____

Relationship to Client: _____

I have read the information provided above and will discuss it with my therapist. I understand that the information contained in this form and my questions have been answered satisfactorily.

Signature of client/parent/legal guardian

Date